

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL** **for FY 2005**

Complete if Known

Application Number	10/677,729
Filing Date	October 3, 2003
First Named Inventor	Daniel P. Getman
Examiner Name	F. Powers
Art Unit	1626
Attorney Docket No.	101765.00010 (2869/6)

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 310

## **METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments  
Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## **FEE CALCULATION**

### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

### **2. EXCESS CLAIM FEES**

<b><u>Fee Description</u></b>	<b><u>Fee (\$)</u></b>	<b><u>Fee (\$)</u></b>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b><u>Total Claims</u></b>	<b><u>Extra Claims</u></b>	<b><u>Fee(\$)</u></b>
_____ - 20 or HP= _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.		
<b><u>Indep. Claims</u></b>	<b><u>Extra Claims</u></b>	<b><u>Fee(\$)</u></b>
_____ - 3 or HP= _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.		

<b><u>Fee Paid (\$)</u></b>	<b><u>Fee Paid (\$)</u></b>
_____	_____
<b><u>Multiple Dependent Claims</u></b>	<b><u>Multiple Dependent Claims</u></b>
<b><u>Fee (\$)</u></b>	<b><u>Fee Paid (\$)</u></b>
_____	_____

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge): Terminal Disclaimer \$130 and Information Disclosure Statement \$180 **\$310**

<b>SUBMITTED BY</b>		
Signature	Registration No. 29,864 (Attorney/Agent)	Telephone 202-824-3000
Name (Print/Type)	Joseph M. Skerpon	Date 9-12-2003

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.